

03500.015553.1

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: B. Mouttet
KOTA UCHIDA)	
	:	Group Art Unit: 2853
Appln. No.: 10/645,537)	
	:	
Filed: August 22, 2003)	
	:	
For: IMAGE RECORDING APPARATUS,)	
IMAGE RECORDING METHOD,	:	
STORAGE MEDIUM WHICH)	
STORES COMPUTER-READABLE	:	
PROGRAM AND THE SAME)	
PROGRAM	:	September 1, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Introductory Comments

In response to the Official Action mailed June 1, 2004, the Examiner is requested to amend the above-identified application as follows.



IRW

In re Application of

Docket No.: 03500.015553.1

KOTA UCHIDA

Application No.: 10/645,537

Examiner: B. Mouttet

Filed: August 22, 2003

Group Art Unit: 2853

For: IMAGE RECORDING APPARATUS, IMAGE
RECORDING METHOD, STORAGE MEDIUM
WHICH STORES COMPUTER-READABLE
PROGRAM AND THE SAME PROGRAM

Date: September 1, 2004

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	20	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	4	MINUS	4	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,


Mark A. Williamson
Attorney for Applicant
Registration No. 33,628

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MAW\mt